LOBBYING SUPPLEMENTAL REGISTRATION FORM To be used for changes to registrations and terminations.

2009



| • c      | rint in ink or type. complete form and return Rouge LA 70808, (225 his form must be submit form, to add employers requiring registration, of employment or repr | )763-8777 pr (800)842<br>tted within 5 days of ar<br>or those you represent<br>It must be submitted w | 415 Quail Dr., 1<br>1-6630. No fee<br>ny changes in ye<br>t, or if you cease | is required<br>air registration<br>all activities | 5                     | Postmark<br>Supp | FICE USE OF Date: 5.9.2 |     |
|----------|---|---|--|---|-----------------------|------------------|-------------------------|-----|
| I.<br>NA | LME <u><b>Haynic</b></u><br>Last  |   | <u>landy</u><br>First  | <u>K.</u><br>MI                                   |                       |                  | #<br>                   |     |
|          | BUSINESS PHONE_<br>BUSINESSADDRES   | 225-336-41 S. P.O. Box 44032 Street and No.   |  | ition Bator<br>State                              | n Rouge, LA<br>Zip    | 70804            | φ (2)                   |     |
|          | MAILING ADDRESS   | 1465 Ted Dun<br>Street and No.  |  | Baton Ro  | uge, LA 7080<br>State | <u>)2</u><br>Zip |                         |     |
| 4.       | EMPLOYER  | Self-Employee   | <u>d</u>   |   |                       |                  |                         |     |
| 5.       | EMPLOYER'S ADDR   | .RSSStreet and No.  |  | City  | State                 | Zip              |                         |     |
| 6.       | Have you ceased or ten  | minated all lobbying ac   | ctivities requirin   | g registration?                                   | Yes ]                 | No_X_            |                         |     |
|          | 7. LIST BELOW (s  | ) Names of persons, gr  | cops, or organiz   | zations which ye                                  | na are adding or      | eliminating; (b) | the address of ea       | ach |

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

## SUPPLEMENTAL REGISTRATION FORM



| 1. | NameThe Louisians Group  |  |  |  |  |  |
|----|--|--|--|--|--|--|
|    | Address Modern Bookkeeping, Inc., P.O. Box 408, Durand, MI 48429 |  |  |  |  |  |
|    | Business or purpose: Entertainment Company                       |  |  |  |  |  |
|    | New Representation X Does this person puy you? YES               |  |  |  |  |  |
|    | If No, who pays you?   |  |  |  |  |  |
|    | ☐ Terminated Representation as of                                |  |  |  |  |  |

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist.

Form 501, Rev 8:98